

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation SUSAN B ANTHONY LIST INC		3. FEC Identification Number <b>C</b> C90011313
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1707 L Street NW Ste 750		
(c) City, State and ZIP Code Washington DC 20036		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM 

M	M
1	0

 / 

D	D
2	7

 / 

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 / 

D	D
2	7

 / 

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS ..... 75000.00

7. TOTAL INDEPENDENT EXPENDITURES..... 75000.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Jennifer Gross

10/27/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

SUSAN B ANTHONY LIST INC

Full Name (Last, First, Middle Initial) of Payee  
Marketing Communication Services, Inc.

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Mailing Address  
268 Bush Street  
#290

Amount

37500.00

City	State	Zip Code
San Francisco	CA	94104

Purpose of Expenditure  
TV AdCategory/  
Type

Office Sought:

☐ HouseState: CA

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
CARLY FIORINACalendar Year-To-Date Per Election  
for Office Sought

87500.00

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify) \_\_\_\_\_Full Name (Last, First, Middle Initial) of Payee  
Marketing Communication Services, Inc.

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Mailing Address  
268 Bush Street  
#290

Amount

37500.00

City	State	Zip Code
San Francisco	CA	94104

Purpose of Expenditure  
TV ADCategory/  
Type

Office Sought:

☐ HouseState: CA

Senate

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
BARBARA BOXERCalendar Year-To-Date Per Election  
for Office Sought

125000.00

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify) \_\_\_\_\_(a) **SUBTOTAL** of Itemized Independent Expenditures .....

75000.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

75000.00